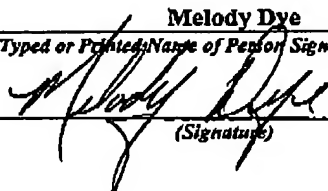
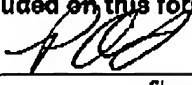


JUN 08 2006

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Engel, et al.		Docket No. Deep-5/N1294-5	
Application No. 10/049,271	Filing Date 02/06/2006	Examiner Gregory J. Vaughn	Group Art Unit 2178
Invention: DATA DISPLAY WITH MULTIPLE LAYERED SCREENS			
<p>I hereby certify that this <u>Amendment and Response, Petition for Extension of Time and Transmittal Letter</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>June 8, 2006</u> (Date)</p> <p><u>Melody Dye</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

JUN 08 2006

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. Deep-5/N1294-5	
Applicant(s): Engel et al.						
Application No. 10/049,271	Filing Date 02/06/2002	Examiner Gregory J. Vaughn	Customer No. 28581	Group Art Unit 2178	Confirmation No. 7734	
Invention: DATA DISPLAY WITH MULTIPLE LAYERED SCREENS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	21 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 04-1679 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <i>Signature</i> <b>Paul A. Schwarz</b> <b>Registration No. 37,577</b>  <b>Duane Morris LLP</b> <b>P.O. Box 5203</b> <b>Princeton, New Jersey 08543-5203</b> <b>Telephone: 609-631-2446</b> <b>Facsimile: 609-631-2401</b>			<b>Dated: June 8, 2006</b>  <div style="border: 1px solid black; padding: 5px;">             I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              _____  <i>(Date)</i>               _____  <i>Signature of Person Mailing Correspondence</i>               _____  <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>			
cc:						

P115SMALL/REV09